Healthy Montana Kids Covered Dental Codes
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Procedure Code	Code Description	Notes
D0120	Periodic Oral Examination	
D0140	Limited Oral Evaluation -- Problem Focused	
D0145	Oral Evaluation, Pt < 3Yrs	
D0150	Comprehensive Oral Evaluation - New Or Established Patient	
D0160	Detailed & Extensive Oral Eval. -- Problem Based By Report	
D0180	Comp Periodontal Evaluation	
D0190	Screening Of A Patient	
D0191	Assessment Of A Patient	
D0210	Intraoral-Complete Series (Including Bitewings)	
D0220	Intraoral-Periapical-First Film	
D0230	Intraoral-Periapical-Each Additional Film	
D0240	Intraoral-0Cclusal Film	
D0270	Bitewing-Single Film	
D0272	Bitewings-Two Films	
D0273	Bitewings - Three Films	
D0274	Bitewings-Four Films	
D0277	Vertical Bitewings -- 7 To 8 Films	
D0330	Panoramic Film	
D0412	Blood Glucose Level Test	
D0419	Assessment Of Salivary Flow By Measurement	
D0425	Caries Susceptibility Tests	AbCd Providers Only
D0460	Puplp Vitality Tests	
D0472	Accession Of Tissue Gross Exam Prep/Trans Written Report	
D0473	Accession Of Tissue Gross/Micro Exam Prep/Trans Writ Report	
D0474	Accession Of Tiss Gross/Micro Exam Margins Prep/Trans Rprt	
D0485	Consult Inc Prep Of Slides	
D0502	Other Oral Pathology Procedures By Report	
D0601	Caries Risk Assess Low Risk	
D0602	Caries Risk Assess Mod Risk	
D0603	Caries Risk Assess High Risk	
D0801	3D dental surface scan – direct	
D0802	3D dental surface scan – indirect	
D0999	Unspecified Diagnostic Procedure By Report	
D1110	Prophylaxis-Adult	
D1120	Prophylaxis-Child	
D1206	Topical Fluoride Varnish	
D1208	Topical App Of Fluoride	
D1310	Nutritional Counseling For The Control Of Dental Disease	AbCd Providers Only
D1330	Oral Hygiene Instruction	AbCd Providers Only
D1351	Sealant-Per Tooth	
D1352	Prev Resin Rest, Perm Tooth	

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Procedure Code	Code Description	Notes
D1353	Sealant Repair Per Tooth	
D1354	Interim Caries Med App	
D1510	Space Maintainer-Fixed Unilateral	
D1516	Fixed Bilat Space Maint, Max	
D1517	Fixed Bilat Space Maint, Man	
D1520	Space Maintainer-Removable Unilateral	
D1526	Remove Bilat Space Main, Max	
D1527	Remove Bilat Space Main, Man	
D1556	Rem Fixed Unilat Space Maint	
D1557	Remove Fixed Bilat Maint Max	
D1558	Remove Fixed Bilat Man	
D1575	Dist Space Maint, Fixed Unil	
D2140	Amalgam-One Surface Primary Or Permanent	
D2150	Amalgam-Two Surfaces Primary Or Permanent	
D2160	Amalgam-Three Surfaces Primary Or Permanent	
D2161	Amalgam-Four Or More Surfaces Primary Or Permanent	
D2330	Resin-One Surface Anterior	
D2331	Resin-Two Surfaces Anterior	
D2332	Resin-Three Or More Surfaces Anterior	
D2335	Resin-Four Surfaces(Fractured Anterior Repair Permanent)	
D2390	Ant Resin-Based Cmpst Crown	
D2391	Post 1 Srfc Resinbased Cmpst	
D2392	Post 2 Srfc Resinbased Cmpst	
D2393	Post 3 Srfc Resinbased Cmpst	
D2394	Post >=4Srfc Resinbase Cmpst	
D2510	Inlay-Metallic-One Surface	
D2520	Inlay-Metallic-Two Surfaces	
D2530	Inlay-Metallic-Three Surfaces	
D2542	Onlay--Metallic Two Surfaces	
D2543	Onlay -- Metallic -- Three Surfaces	
D2544	Onlay -- Metallic - Four Or More Surfaces	
D2610	Inlay-Porcelain/Ceramic-One Surface	
D2620	Inlay-Porcelain/Ceramic-Two Surfaces	
D2630	Inlay-Porcelain/Ceramic-Three Surfaces	
D2642	Onlay -- Porcelain/Ceramic -- Two Surfaces	
D2643	Onlay -- Porcelain/Ceramic -- Three Surfaces	
D2644	Onlay -- Porcelain/Ceramic -- Four Or More Surfaces	
D2650	Inlay -- Resin-Based Composite -- One Surface	
D2651	Inlay -- Resin-Based Composite -- Two Surfaces	
D2652	Inlay -- Resin-Based Composite -- Three Or More Surfaces	
D2662	Onlay -- Resin-Based Composite -- Two Surfaces	
D2663	Onlay -- Resin-Based Composite -- Three Surfaces	

Procedure Code	Code Description	Notes
D2664	Onlay -- Resin-Based Composite -- Four Or More Surfaces	
D2710	Crown Resin (Laboratory)	
D2712	Crown 3/4 Resin-Based Compos	
D2720	Crown-Resin With High Noble Metal	
D2721	Crown-Resin With Predominantly Base Metal	
D2722	Crown-Resin With Noble Metal	
D2740	Crown-Porcelain/Ceramic Substrate	
D2750	Crown-Porcelain Fused To High Noble Metal	
D2751	Crown-Procelain Fused To Predominantly Base Metal	
D2752	Crown-Porcelain Fused To Noble Metal	
D2753	Crown – Porcelain Fused To Titanium And Titanium Alloys	
D2780	Crown -- 3/4 Cast High Noble Metal	
D2781	Crown -- 3/4 Cast Predominantly Base Metal	
D2782	Crown -- 3/4 Cast Noble Metal	
D2783	Crown -- 3/4 Porcelain/Ceramic	
D2790	Crown-Full Cast High Noble Metal	
D2791	Crown-Full Cast Predominantly Base Metal	
D2792	Crown-Full Cast Noble Metal	
D2794	Crown-Titanium	
D2910	Recement Inlay	
D2915	Recement Cast Or Prefab Post	
D2920	Recement Crown	
D2921	Reattach Tooth Fragment	
D2928	Prefabricated Porcelain/Ceramic Crown – Permanent Tooth	
D2929	Prefab Porc/Ceram Crown Pri	
D2930	Prefabricated Stainless Steel Crown-Primary Tooth	
D2931	Prefabricated Stainless Steel Crown-Permanent Tooth	
D2932	Prefabricated Resin Crown	
D2933	Prefabricated Stainless Steel Crown With Resin Window	
D2934	Prefab Steel Crown Primary	
D2940	Sedative Filling	
D2941	Int Therapeutic Restoration	
D2950	Core Build-Up Including Any Pins	
D2951	Pin Retention-Per Tooth In Addition To Restoration	
D2952	Cast Post And Core In Addition To Crown	
D2953	Each Additional Cast Post -- Same Tooth	
D2954	Prefabricated Post And Core In Addition To Crown	
~~D2960~~	~~Labial Veneer (Laminate)-Chairside~~	
D2961	Labial Veneer (Resin Laminate)-Laboratory	
D2962	Labial Veneer (Porcelain Laminate)-Laboratory	
D2971	Add Proc Construct New Crown	
D2980	Crown Repair By Report	

Procedure Code	Code Description	Notes
D2981	Inlay Repair	
D2982	Onlay Repair	
~~D2983~~	~~Veneer Repair~~	
D2999	Unspecified Restorative Procedure By Report	
D3110	Pulp Cap-Direct (Excluding Final Restoration)	
D3220	Therapeutic Pulpotomy (Excluding Final Restoration)	
D3221	Gross Pulpal Debridement	
D3222	Part Pulp For Apexogenesis	
D3230	Therapeutic Pulpotomy	
D3240	Pulpal Therapy(Resorbable Filling)Primary & Secondary Molars	
D3310	Endo Thxpy, Anterior Tooth	
D3320	End Thxpy, Bicuspid Tooth	
D3330	End Thxpy, Molar	
D3332	Incomplete Endodontic Therapy; Inoperable Or Fractured Tooth	
D3333	Internal Root Repair Of Perforation Defects	
D3346	Retreatment Of Previous Root Canal Therapy -- Anterior	
D3347	Retreatment Of Previous Root Canal Therapy -- Biscuspid	
D3348	Retreatment Of Previous Root Canal Therapy -- Molar	
D3351	Apexification/Recalcification -- Initial Visit	
D3352	Apexification/Recalcification -- Interim Visit	
D3353	Apexification/Recalcification -- Final Visit	
D3410	Apicoectomy/Periradicular Surgery-Anterior	
D3421	Apicoectomy/Periradicular Surgery-Bicuspid (First Root)	
D3425	Apicoectomy/Periradicular Surgery-Molar (First Root).	
D3426	Apicoectomy/Periradicular Surgery (Each Additional Root)	
D3430	Retrograde Filling-Per Root	
D3450	Root Amputation-Per Root	
D3471	Surgical Repair Of Root Resorption - Anterior	
D3472	Surgical Repair Of Root Resorption – Premolar	
D3473	Surgical Repair Of Root Resorption – Molar	
D3501	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption – Anterior	
D3502	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption –Premolar	
D3503	Surgical Exposure Of Root Surface Without Apicoectomy Or Repair Of Root Resorption –Molar	
D3911	Intraorifice Barrier	
D3920	Hemisection (Incl.Any Root Removal) Not Incl. Rt. Canal Ther	
D3921	Decor Or Submerg Erupt Tooth	
D3999	Unspecified Endodontic Procedure By Report	
D4210	Gingivectomy/Plasty 4 Or Mor	
D4211	Gingivectomy/Plasty 1 To 3	
D4212	Gingivectomy/Plasty Rest	
D4240	Gingival Flap Proc W/ Planin	
D4241	Gngvl Flap W Rootplan 1-3 Th	

Procedure Code	Code Description	Notes
D4245	Apically Positioned Flap	
D4249	Clinical Crown Lengthening -- Hard Tissue	
D4260	Osseous Surgery 4 Or More	
D4261	Osseous Surg 1 To 3 Teeth	
D4263	Bone Replacement Graft -- First Site In Quadrant	
D4264	Bone Replacement Graft -- Each Additional Site In Quadrant	
D4265	Bio Mtrls To Aid Soft/Os Reg	
D4266	Guided Tissue Regeneration -- Resorbable Barrier Per Site	
D4267	Guided Tissue Regeneration--Nonresorbable Barrier Per Site	
D4268	Surgical Revision Procedure Per Tooth	
D4270	Pedicle Soft Tissue Graft Procedure	
D4273	Subepithelial Tissue Graft	
D4274	Distal Or Proximal Wedge Proc (Not For Surg Proc Same Area)	
D4275	Soft Tissue Allograft	
D4276	Con Tissue W Dble Ped Graft	
D4277	Soft Tissue Graft Firsttooth	
D4278	Soft Tissue Graft Addl Tooth	
D4283	Auto Tissue Graft Addl Tooth	
D4285	Non-Auto Graft Addl Tooth	
D4286	Removal of Non-Resorbable Barrier	
D4341	Periodontal Scaling & Root	
D4342	Periodontal Scaling 1-3Teeth	
D4346	Scaling Gingiv Inflammation	
D4355	Full Mouth Debridement	
D4910	Periodontal Maint Procedures	
D4921	Gingival Irrigation Per Quad	
D4999	Unspecified Periodontal Procedure By Report	
D5110	Complete Denture Maxillary	
D5120	Complete Denture Mandibular	
D5130	Immediate Denture Maxillary	
D5140	Immediate Denture Mandibular	
D5211	Upper Partial-Resin Base (Including Any Conventional Clasps	
D5212	Lower Partial-Resin Base (Including Any Conventional Clasps	
D5213	Upper Partial-Cast Metal Base With Resin Saddles (Including	
D5214	Lower Partial-Cast Metal Base With Resin Saddles (Including	
D5221	Immed Max Part Denture Resin	
D5222	Immed Man Part Denture Resin	
D5223	Immed Max Part Dent Metal	
D5224	Immed Mand Part Dent Metal	
D5225	Maxillary Part Denture Flex	
D5226	Mandibular Part Denture Flex	
D5227	Immed Max Part Denture	

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Procedure Code	Code Description	Notes
D5228	Immed Mand Part Denture	
D5282	Remove Unil Part Denture,Max	
D5283	Remove Unil Part Denture,Man	
D5284	Removable Unilateral Partial Denture – One Piece Flexible Base (Including Retentive/Clasping Materials, Rests, And Teeth) – Per Quadrant	
D5286	Removable Unilateral Partial Denture – One Piece Resin (Including Retentive/Clasping Materials, Rests, And Teeth) – Per Quadrant	
D5410	Adjust Complete Denture-Upper	
D5411	Adjust Complete Denture-Lower	
D5421	Adjust Partial Denture-Upper	
D5422	Adjust Partial Denture-Lower	
D5511	Rep Broke Comp Dent Base Man	
D5512	Rep Broke Comp Dent Base Max	
D5520	Replace Missing Or Broken Teeth-Complete Denture (Each Tooth	
D5611	Rep Resin Part Dent Base Man	
D5612	Rep Resin Part Dent Base Max	
D5621	Rep Cast Part Frame Man	
D5622	Rep Cast Part Frame Max	
D5630	Repair Or Replace Broken Clasp	
D5640	Replace Broken Teeth-Per Tooth	
D5650	Add Tooth To Existing Partial Denture	
D5660	Add Clasp To Existing Partial Denture	
D5670	Replace All Teeth And Acrylic On Cast Metal Frame (Max)	
D5671	Replc Tth&Acrlc Mandibular	
D5710	Rebase Complete Upper Denture	
D5711	Rebase Complete Lower Denture	
D5720	Rebase Upper Partial Denture	
D5721	Rebase Lower Partial Denture	
D5725	Rebase Hybrid Prosthesis	
D5730	Reline Maxillary Complete Denture (Chairside)	
D5731	Reline Mandibular Complete Denture (Chairside)	
D5740	Reline Upper Partial Denture (Chairside)	
D5741	Reline Lower Partial Denture (Chairside)	
D5750	Reline Upper Complete Denture (Laboratory)	
D5751	Reline Lower Complete Denture (Laboratory)	
D5760	Reline Upper Partial Denture (Laboratory)	
D5761	Reline Lower Partial Denture (Laboratory)	
D5765	Liner Compl/Partial Rem Dent	
D5820	Interim Partial Denture (Upper)	
D5821	Interim Partial Denture (Lower)	
D5850	Tissue Conditioning Maxillary	
D5851	Tissue Conditioning Mandibular	
D5863	Overdenture Complete Max	
D5864	Overdenture – Partial Maxillary	

Procedure Code	Code Description	Notes
D5865	Overdenture Complete Mandib	
D5866	Overdenture Partial Mandib	
D5899	Unspecified Removable Prosthodontic Procedure By Report	
D6010	Surgical Placement Of Implant Body: Endosteal Implant	
D6011	Second Stage Implant Surgery	
D6012	Endosteal Implant	
D6013	Surgical Place Mini Implant	
D6040	Surgical Placement: Eposteal Implant	
D6050	Surgical Placement: Transosteal Implant	
D6055	Implant Connecting Bar	
D6056	Prefabricated Abutment	
D6057	Custom Abutment	
D6058	Abutment Supported Porcelain/Ceramic Crown	
D6059	Abutment Supported Porcelain Fused To Metal Crown (High Nobl	
D6060	Abutment Supported Porcelain Fused To Metal Crown (Base Meta	
D6061	Abutment Supported Porcelain Fused To Metal Crown (Noble Met	
D6062	Abutment Supported Cast Metal Crown (High Noble Metal)	
D6063	Abutment Supported Cast Metal Crown (Predominantly Base Meta	
D6064	Abutment Supported Cast Metal Crown (Noble Metal)	
D6065	Implant Supported Porcelain/Ceramic Crown	
D6066	Implant Supported Porcelain Fused To Metal Crown	
D6067	Implant Supported Metal Crown (Titanium Or Alloy High Noble	
D6068	Abutment Supported Retainer For Porcelain/Ceramic Fpd	
D6069	Abutment Supported Retainer Porcel Fused To Metal Fpd (High	
D6070	Abutment Supported Retainer Porcel Fused To Metal Fpd (Base	
D6071	Abutment Supported Retainer Porcel Fused To Metal Fpd(Noble	
D6072	Abutment Supported Retainer For Cast Metal Fpd (High Noble)	
D6073	Abutment Supported Retainer For Cast Metal Fpd (Base Metal)	
D6074	Abutment Supported Retainer For Cast Metal Fpd (Noble Metal)	
D6075	Implant Supported Retainer For Ceramic Fpd	
D6076	Implant Supported Retainer Porcel Fused To Metal Fpd (High	
D6077	Implant Supported Retainer For Cast Metal Fpd (High Noble Me	
D6080	Implant Maintenance Procedures Including: Removal Of Prost	
D6081	Scale & Debride, Single Imp	
D6082	Implant Supported Crown – Porcelain Fused To Predominantly Base Alloys	
D6083	Implant Supported Crown – Porcelain Fused To Noble Alloys	
D6084	Implant Supported Crown – Porcelain Fused To Titanium And Titanium Alloys	
D6086	Implant Supported Crown – Predominantly Base Alloys	
D6087	Implant Supported Crown – Noble Alloys	
D6088	Implant Supported Crown – Titanium And Titanium Alloys	
D6090	Repair Implant Supported Prosthesis By Report	
D6091	Repl Semi/Precision Attach	

Procedure Code	Code Description	Notes
D6092	Recement Supp Crown	
D6093	Recement Supp Part Denture	
D6094	Abut Support Crown Titanium	
D6095	Repair Implant Abutment By Report	
D6096	Remove Broken Imp Ret Screw	
D6097	Abutment Supported Crown – Porcelain Fused To Titanium And Titanium Alloys	
D6098	Implant Supported Retainer – Porcelain Fused To Predominantly Base Alloys	
D6099	Implant Supported Retainer For Fpd – Porcelain Fused To Noble Alloys	
D6100	Implant Removal By Report	
D6101	Debridement Of A Periimplant	
D6102	Debridement & Contouring	
D6105	Removal Of Implant Body Not Requiring Bone Removal Or Flap Elevation	
D6110	Implnt/Abut Remov Dent Max	
D6111	Implant/Abutment Supported Removable Denture For Edentulous Arch – Mandibular	
D6112	Implant/Abutment Supported Removable Denture For Partially Edentulous Arch – Maxillary	
D6113	Implant/Abutment Supported Removable Denture For Partially Edentulous Arch – Mandibular	
D6114	Implnt/Abut Fixed Dent Max	
D6115	Implnt/Abut Fixed Dent Mand	
D6116	Imp/Abut Fixed Dent Part Max	
D6117	Imp/Abut Fixed Dent Part Man	
D6120	Implant Supported Retainer – Porcelain Fused To Titanium And Titanium Alloys	
D6121	Implant Supported Retainer For Metal Fpd – Predominantly Base Alloys	
D6122	Implant Supported Retainer For Metal Fpd – Noble Alloys	
D6123	Implant Supported Retainer For Metal Fpd – Titanium And Titanium Alloys	
D6194	Abut Support Retainer Titani	
D6195	Abutment Supported Retainer – Porcelain Fused To Titanium And Titanium Alloys	
D6197	Replacement Of Restorative Material Used To Close An Access Opening Of A Screw-Retained Implant Supported Prosthesis, Per Implant	
D6198	Remove Interim Implant	
D6205	Pontic-Indirect Resin Based	
D6210	Pontic-Cast High Noble Metal	
D6211	Pontic-Cast Predominantly Base Metal	
D6212	Pontic-Cast Noble Metal	
D6214	Pontic Titanium	
D6240	Pontic-Porcelain Fused To High Noble Metal	
D6241	Pontic-Porcelain Fused To Predominantly Base Metal	
D6242	Pontic-Porcelain Fused To Noble Metal	
D6243	Pontic – Porcelain Fused To Titanium And Titanium Alloys	
D6245	Pontic -- Porcelain/Ceramic	
D6250	Pontic-Resin With High Noble Metal	
D6251	Pontic-Resin With Predominantly Base Metal	
D6252	Pontic-Resin With Noble Metal	
D6545	Retainer-Cast Metal For Acid Etched Fixed Prosthesis	

Procedure Code	Code Description	Notes
D6548	Retainer -- Porcelain/Ceramic For Resin Bonded Fixed Prosthe	
D6549	Resin Retainer	
D6600	Porcelain/Ceramic Inlay 2Srf	
D6601	Porc/Ceram Inlay >= 3 Surfac	
D6602	Cst Hgh Nble Mtl Inlay 2 Srf	
D6603	Cst Hgh Nble Mtl Inlay >=3Sr	
D6604	Cst Bse Mtl Inlay 2 Surfaces	
D6605	Cst Bse Mtl Inlay >= 3 Surfa	
D6606	Cast Noble Metal Inlay 2 Sur	
D6607	Cst Noble Mtl Inlay >=3 Surf	
D6608	Onlay Porc/Crmc 2 Surfaces	
D6609	Onlay Porc/Crmc >=3 Surfaces	
D6610	Replace Broken Pin Facing With Slotted Or Other Facing	
D6611	Onlay Cst Hgh Nbl Mtl >=3Srf	
D6612	Onlay Cst Base Mtl 2 Surface	
D6613	Onlay Cst Base Mtl >=3 Surfa	
D6614	Onlay Cst Nbl Mtl 2 Surfaces	
D6615	Onlay Cst Nbl Mtl >=3 Surfac	
D6624	Inlay Titanium	
D6634	Onlay Titanium	
D6710	Crown-Indirect Resin Based	
D6720	Crown-Resin With High Noble Metal	
D6721	Crown-Resin With Predominantly Base Metal	
D6722	Crown-Resin With Noble Metal	
D6740	Crown -- Porcelain/Ceramic	
D6750	Crown-Porcelain Fused To High Noble Metal	
D6751	Crown-Porcelain Fused To Predominantly Base Metal	
D6752	Crown-Porcelain Fused To Noble Metal	
D6753	Retainer Crown – Porcelain Fused To Titanium And Titanium Alloys	
D6780	Crown-3/4 Cast High Noble Metal	
D6781	Crown -- 3/4 Cast Predominantly Based Metal	
D6782	Crown -- 3/4 Cast Noble Metal	
D6783	Crown -- 3/4 Porcelain/Ceramic	
D6784	Retainer Crown ¾ – Titanium And Titanium Alloys	
D6790	Crown-Full Cast High Noble Metal	
D6791	Crown-Full Cast Predominantly Base Metal	
D6792	Crown-Full Cast Noble Metal	
D6794	Crown Titanium	
D6930	Recement Bridge	
D6940	Stress Breaker	
D6980	Bridge Repair By Report	
D6999	Unspecified Fixed Prosthodontic Procedure By Report	

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Procedure Code	Code Description	Notes
D7111	Coronal Remnants Deciduous T	
D7140	Extraction Erupted Tooth/Exr	
D7210	Surgical Removal Of Erupted Tooth Requiring Elevation	
D7220	Removal Of Impacted Tooth-Soft Tissue	
D7230	Removal Of Impacted Tooth-Partially Bony	
D7240	Removal Of Impacted Tooth-Completely Bony	
D7241	Removal Of Impacted Tooth-Completely Boney	
D7250	Surgical Removal Of Residual Tooth Roots (Cutting Procedure)	
~~D7251~~	~~Coronectomy – Intentional Partial Tooth Removal~~	
~~D7260~~	~~Oroantral Fistula Closure~~	
~~D7261~~	~~Primary Closure Sinus Perf~~	
~~D7270~~	~~Tooth Reimplantation~~	
D7280	Exposure Impact Tooth Orthod	
D7282	Mobilize Erupted/Malpos Toot	
D7285	Biopsy Of Oral Tissue -- Hard (Bone Tooth)	
D7286	Biopsy Of Oral Tissue -- Soft (All Others)	
~~D7290~~	~~Surgical Repositioning Of Teeth~~	
~~D7310~~	~~Alveoplasty W/ Extraction~~	
~~D7311~~	~~Alveoloplasty W/Extract 1-3~~	
~~D7320~~	~~Alveoplasty W/O Extraction~~	
~~D7321~~	~~Alveoloplasty Not W/Extracts~~	
~~D7340~~	~~Vestibuloplasty-Ridge Extension (Second Epithelialization)~~	
~~D7350~~	~~Vestibuloplasty-Ridge Extension (Including Soft Tissue Graft~~	
D7410	Rad Exc Lesion Up To 1.25 Cm	
D7411	Excision Benign Lesion>1.25C	
D7412	Excision Benign Lesion Compl	
D7413	Excision Malig Lesion<=1.25C	
D7414	Excision Malig Lesion>1.25Cm	
D7415	Excision Malig Les Complicat	
D7440	Excision Of Malignant Tumor-Lesion Diameter Up To 1.25 Cm	
D7441	Excision Of Malignant Tumor-Lesion Diameter > 1.25 Cm	
~~D7450~~	~~Rem Odontogen Cyst To 1.25Cm~~	
~~D7451~~	~~Rem Odontogen Cyst > 1.25 Cm~~	
~~D7460~~	~~Rem Nonodonto Cyst To 1.25Cm~~	
~~D7461~~	~~Rem Nonodonto Cyst > 1.25 Cm~~	
~~D7465~~	~~Destruct Lesion(S) By Physical Or Chemical Method By Report~~	
~~D7471~~	~~Rem Exostosis Any Site~~	
~~D7472~~	~~Removal Of Torus Palatinus~~	
~~D7473~~	~~Remove Torus Mandibularis~~	
~~D7485~~	~~Surg Reduct Osseoustuberosit~~	
~~D7490~~	~~Radical Resection Of Mandible With Bone Graft~~	
D7510	Incision And Drainage Of Abscess--Intraoral Soft Tissue	

Procedure Code	Code Description	Notes
D7511	Incision/Drain Abscess Intra	
D7520	Incision And Drainage Of Abscess--Extraoral Soft Tissue	
D7521	Incision/Drain Abscess Extra	
~~D7530~~	~~Removal Fb Skin/Areolar Tiss~~	
~~D7540~~	~~Remove Reaction-Producing Foreign Bodies Musculskel System~~	
~~D7550~~	~~Removal Of Sloughed Off Bone~~	
~~D7560~~	~~Maxillary Sinusotomy For Tooth Fragmnt Or Foreign Body Remov~~	
~~D7610~~	~~Maxilla-Open Reduction (Teeth Immobilized If Present)~~	
~~D7620~~	~~Maxilla-Closed Reduction (Teeth Immobilized If Present)~~	
~~D7630~~	~~Mandible-Open Reduction (Teeth Immobilized If Present)~~	
~~D7640~~	~~Mandible-Closed Reduction (Teeth Immobilized If Present)~~	
~~D7650~~	~~Malar And/Or Zygomatic Arch-Open Reduction~~	
~~D7660~~	~~Malar And/Or Zygomatic Arch-Closed Reduction~~	
~~D7670~~	~~Closd Rductn Splint Alveolus~~	
~~D7671~~	~~Alveolus Open Reduction~~	
~~D7680~~	~~Facial Bones-Complicated Reduction With Fixation And Mul-~~	
~~D7710~~	~~Maxilla-Open Reduction~~	
~~D7720~~	~~Maxilla-Closed Reduction~~	
~~D7730~~	~~Mandible-Open Reduction~~	
~~D7740~~	~~Mandible-Closed Reduction~~	
~~D7750~~	~~Malar And/Or Zygomatic Arch-Open Reduction~~	
~~D7760~~	~~Malar And/Or Zygomatic Arch-Closed Reduction~~	
~~D7770~~	~~Open Reduc Compd Alveolus Fx~~	
~~D7771~~	~~Alveolus Clsd Reduc Stblz Te~~	
~~D7780~~	~~Facial Bones-Complicated Reduction With Fixation And Multipl~~	
D7910	Suture Of Recent Small Wounds Up To 5 Cm	
~~D7911~~	~~Complicated Suture-Up To 5 Cm~~	
~~D7912~~	~~Complicated Suture-Greater Than 5 Cm~~	
~~D7922~~	~~Placement Of Intra-Socket Biological Dressing To Aid In Hemostasis Or Clot Stabilization, Per Site~~	
D7940	Osteoplasty-For Orthognathic Deformities	
D7941	Osteotomy -- Mandibular Rami	
D7943	Osteotomy -- Mandibular Rami W/Bone Graft; Incl Obtain Graft	
~~D7944~~	~~Bone Cutting Segmented~~	
~~D7945~~	~~Osteotomy-Body Of Mandible~~	
D7946	Lefort I (Maxilla-Total)	
D7947	Lefort I (Maxilla-Segmented)	
D7948	Lefort Ii Or Lefort Iii (Osteoplasty Of Facial Bones For Mid	
D7949	Lefort Ii Or Lefort Iii-With Bone Graft	
~~D7951~~	~~Sinus Aug W Bone/Bone Sup~~	
D7961	Buccal/Labial Frenectomy	
D7962	Lingual Frenectomy	
~~D7963~~	~~Frenuloplasty~~	

Healthy Montana Kids Covered Dental Codes
Proposed Effective July 1, 2023

Procedure Code	Code Description	Notes
D7970	Excision Of Hyperplastic Tissue-Per Arch	
D7971	Excision Of Pericoronal Gingiva	
~~D7972~~	~~Surg Redct Fibrous Tuberosit~~	
~~D7979~~	~~Non – Surgical Sialolithotomy~~	
~~D7980~~	~~Sialolithotomy~~	
~~D7981~~	~~Excision Of Salivary Gland~~	
~~D7982~~	~~Sialodochoplasty~~	
~~D7983~~	~~Closure Of Salivary Fistula~~	
~~D7990~~	~~Emergency Tracheotomy~~	
~~D7991~~	~~Coronoidectomy~~	
~~D7995~~	~~Synthetic Graft -- Mandible Or Facial Bones By Report~~	
~~D7998~~	~~Intraoral Place Of Fix Dev~~	
~~D7999~~	~~Unspecified Oral Surgery Procedure By Report~~	
D9110	Palliative (Emergency) Treatment Of Dental Pain-Minor Proced	
D9120	Fix Partial Denture Section	
D9219	Eval Mod/Deep Sed/Gen Anest	
D9222	Deep Anest, 1St 15 Min	
D9223	General Anesthesia Each 15M	
D9230	Analgesia Anxiolysis Inhalation Of Nitrous Oxide	
D9239	Iv Mod Sedation, 1St 15 Min	
D9243	Iv Sedation Each 15M	
D9248	Non-Intravenous Conscious Sedation	
D9310	Dental Consultation	
D9450	Case Presentation, Detailed And Extensive Treatment Planning	
D9930	Treatment Of Complications (Postsurgical) - Unusual	
D9932	Clean & Inspect Rem Dent Max	
D9933	Clean & Inspect Rem Dent Man	
D9934	Clean Rem Part Denture Max	
D9935	Clean Rem Part Denture Mand	
D9995	Teledentistry Real-Time	
D9996	Teledentistry Dent Review	
D9999	Unspecified Adjunctive Procedure By Report	